

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

Please Read
Application And
Notes, If Any,
Attached

BUILDING DEPARTMENT

PERMIT

Permit Number: 101288

This is to certify that CITY OF PORTLAND / National Kidney Foundation Portland, Maine
has permission to 20' x 20' sign set Break-down 10/24/2010
AT 356 STATE ST City ID 035-1001001 OCT 20 2010

PERMIT ISSUED

provided that the person or persons, firm or corporation accepting this permit shall comply with all of the provisions of the Statutes of Maine and of the Ordinances of the City of Portland regulating the construction, maintenance and use of buildings and structures, and of the application on file in this department.

Apply to Public Works for street line and grade if nature of work requires such information.

Notification of inspection must be given and written permission procured before this building or part thereof is lathed or otherwise worked-in. 24 HOURS NOTICE IS REQUIRED.

A certificate of occupancy must be procured by owner before this building or part thereof is occupied.

OTHER REQUIRED APPROVALS

Fire Dept. CAPT N [Signature]
Health Dept. _____
Appeal Board _____
Other _____
Department Name _____

[Signature] 10/20/10
Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

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BUILDING PERMIT

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[Signature] 10/20/10
Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

City of Portland, Maine - Building or Use Permit Application
 389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

Permit No: 10-1288	Issue Date:	CBL: 035 1001001
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Location of Construction: 356 STATE ST	Owner Name: CITY OF PORTLAND	Owner Address: 389 CONGRESS ST	Phone:
Business Name:	Contractor Name: National Kidney Foundation Maine	Contractor Address: PO Box 1134 Portland	Phone: 2077727270
Lessee/Buyer's Name	Phone:	Permit Type: Tents	Zone: ROS

Past Use: ROS - Deering Oaks	Proposed Use: ROS - Deering Oaks - National Kidney Foundation Walk 20' x20' Tent set up/ Break-down 10/24/2010	Permit Fee: \$30.00	Cost of Work: \$30.00	CEO District: 2
		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied * See Conditions	INSPECTION: Use Group: U Type: temp tent	

Proposed Project Description: National Kidney Foundation Walk 20' x20' Tent set up/ Break-down 10/24/2010	Signature: (K6)	Signature: JWB 10/20/10
PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		
Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied		
Signature: _____ Date: _____		

Permit Taken By: ldobson	Date Applied For: 10/18/2010	Zoning Approval
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1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules. 2. Building permits do not include plumbing, septic or electrical work. 3. Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work..	Special Zone or Reviews <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input checked="" type="checkbox"/>	Zoning Appeal <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Historic Preservation <input type="checkbox"/> Not in District or Landmark <input type="checkbox"/> Does Not Require Review <input type="checkbox"/> Requires Review <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied
	Date: 10/18/10	Date:	Date:

PERMIT ISSUED

OCT 20 2010

City of Portland

CERTIFICATION

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in the application is issued, I certify that the code official's authorized representative shall have the authority to enter all areas covered by such permit at any reasonable hour to enforce the provision of the code(s) applicable to such permit.

SIGNATURE OF APPLICANT

ADDRESS

DATE

PHONE

City of Portland, Maine - Building or Use Permit

389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

Permit No: 10-1288	Date Applied For: 10/18/2010	CBL: 035 1001001
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Location of Construction: 356 STATE ST	Owner Name: CITY OF PORTLAND	Owner Address: 389 CONGRESS ST	Phone:
Business Name:	Contractor Name: National Kidney Foundation Maine	Contractor Address: PO Box 1134 Portland	Phone: (207) 772-7270
Lessee/Buyer's Name:	Phone:	Permit Type: Tents	

Proposed Use: ROS - Deering Oaks - National Kidney Foundation Walk 20' x20' Tent set up/ Break-down 10/24/2010	Proposed Project Description: National Kidney Foundation Walk 20' x20' Tent set up/ Break-down 10/24/2010
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Dept: Zoning Status: Approved Reviewer: Marge Schmuckal Approval Date: 10/18/2010
Note: Ok to Issue:

Dept: Building Status: Approved with Conditions Reviewer: Jeanine Bourke Approval Date: 10/20/2010
Note: Ok to Issue:

1) This permit DOES NOT authorize any construction activities. The tent/stage must be removed at the end of the event.

Dept: Fire Status: Approved with Conditions Reviewer: Capt Keith Gautreau Approval Date: 10/19/2010
Note: Ok to Issue:

1) Tents shall have an approved fire resistant rating. Maintain 10' between stake lines, No smoking or open flame within 10', Provide at least 1 2 A 10 BC extinguisher.

PERMIT ISSUED

OCT 20 2010

City of Portland



Tent/Canopy or Temporary Event Staging Permit Application

If you or the property owner owes real estate or personal property taxes or user charges on any property within the City, payment arrangements must be made before permits of any kind are accepted.

Location/Address/Park of Installation: <u>Deering Oaks Park</u>		
Date of Set up/Event <u>Oct. 24</u>		Date of Breakdown/ End of Event <u>Oct. 24th</u>
Tax Assessor's Chart, Block & Lot Chart# Block# Lot#	Property Owner: <u>One Stop Party Shoppe</u> <u>262 Main St.</u> <u>S. Portland, ME 04106</u>	Telephone: <u>207.767.5900</u>
Lessee/Buyer's Name (If Applicable)	Applicant name, address & telephone: <u>National Kidney Foundation</u> <u>45 Astor Ave</u> <u>Norwalk, MA 02062</u>	Fee: <u>\$30.00</u>

The permit fee and the following items must be completed and submitted along with this application in order to receive a permit.

1. Certificate of Flammability
2. Letter of approval from property owner.
If the City is owner, attach a completed copy of Application to Use City Parks & Public Space from Parks & Recreation (756-8275).
3. Company name of installer (contact info).
4. Plot Plan showing the following:
Tent/Canopy or temporary event staging locations, including dimensions, exits and entrances of proposed and existing, parking and existing building locations. If this is temporary staging, you will need to include product information. (Applicant may call Parks & Recreation for maps of Portland's Parks @ 756-8275).
5. If the City is the property owner, Certificate of Insurance listing the City as additional insured. Minimum amount of coverage is \$400,000.00

Who should we contact when permit is ready: Kendall Magg
Address: 45 Astor Ave, Norwalk, MA 02062 Telephone: 781-278-0222

Please submit all of the information outlined in the Tent/Canopy and Event Staging Permit Application as one package. Failure to do so will result in the automatic denial of your permit.

In order to be sure the City fully understands the full scope of the project, the Planning and Development Department may request additional information prior to the issuance of a permit. For further information visit us on-line at www.portlandmaine.gov, stop by the Building Inspections office, room 315 City Hall or call 874-8703.

I hereby certify that I am the Owner of record of the named property, or that the owner of record authorizes the proposed work and that I have been authorized by the owner to make this application as his/her authorized agent. I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the Code Official's authorized representative shall have the authority to enter all areas covered by this permit at any reasonable hour to enforce the provisions of the codes applicable to this permit.

Signature of applicant: <u>Kathleen M Russell</u>	Date: <u>9/17/2010</u>
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This is not a permit; you may not commence ANY work until the permit is issued.

Certificate of Flame Resistance



REGISTERED
FABRIC
NUMBER

F53501

Issued by

TOPTEC, INC.
1905 N.E. Main Street
Simpsonville, SC 29681

Date Manufactured

04/13/06

***This is to certify that the materials described
are inherently flame retardant.***

Name ONE STOP PARTY SHOP

Address 262 MAIN ST

City S PORTLAND

State ME

Zip 04106

Certification is hereby made that:

The articles described are flame-retardant, approved and registered by the State Fire Marshal and that the fabric is in conformance with the laws of the State of California and the Rules and Regulations of the State Fire Marshal. Fabric has been tested and passes NFPA701-96, CPAI84, ULC109, MVSS302.

Method of Application: The Flame Retardency of this Fabric is Inherent and Permanent.

Description of item certified: FRAME 15x15 BLACKOUT WHITE

The Flame Retardant Process Used WILL NOT Be Removed By Washing.

TOPTEC, INC.


Name of Production Superintendent

MODEL TTF1515105

SERIAL # 262253B

Certificate of Flame Resistance



REGISTERED
FABRIC
NUMBER

F53594

Issued by

TOPTEC, INC.
1905 N.E. Main Street
Simpsonville, SG 29681

Date Manufactured

01/06/05

*This is to certify that the materials described
are inherently flame retardant.*

Name OEN STOP PARTY SHOP

Address 262 MAIN ST

City S PORTLAND

State ME

Zip 04108

Certification is hereby made that:

The articles described are flame-retardant, approved and registered by the State Fire Marshal and that the fabric is in conformance with the laws of the State of California and the Rules and Regulations of the State Fire Marshal. Fabric has been tested and passes NFPA701-96, CPA184, ULC109, MVSS302.

Method of Application: The Flame Retardency of this Fabric is Inherent and Permanent.

Description of item certified: FRAME 20x20 BLACKOUT WHITE

The Flame Retardant Process Used WILL NOT Be Removed By Washing.

TOPTEC, INC.


Name of Production Superintendent

MODEL TTF202005

SERIAL # 2511298

Lannie Dobson - Oct 24 - Kidney Foundation Walk at Deering Oaks

From: Alexandra Murphy
To: Kendall Maggi; Ted Musgrave
Date: 10/18/2010 8:54 AM
Subject: Oct 24 - Kidney Foundation Walk at Deering Oaks
CC: Anita LaChance; Carol Merritt; Carolyn Dorr; Charles Utby; Crystal ...

Hi Kendall:

I've just received my last approval for your Single Concert License, so I'll be mailing that to Norwood today. The Temporary Food Service License has been processed and forwarded to the Health Department for their inspection. Good luck with your walk!

Alexandra J. P. Murphy
 Business License Administrator
 City Clerk Department
 389 Congress Street
 Portland, ME 04101
 (207) 874-8557 phone
 (207) 874-8612 fax

>>> "Kendall Maggi" <Kendall.Maggi@kidney.org> 10/15/2010 4:34 PM >>>
 Good Afternoon,

I have attached the most current **Parks Application** for our walk on Oct 24th. I have also attached the **New walk route, Location of Tents** within Deering Oaks, the size marks the spot. The **Insurance Certificate** is also attached. We do have our own NKF tent which will be up as well and is indicated on the map. I believe this should cover the information needed for the tent inspections. Please confirm that we are all set in this area.

Alex, can you please confirm that we are all set for the Temp Food Permit and the Single Concert Permit

Attachments:

Parks Application
 Walk Route
 Tent Locations
 Insurance Certificate

Please let me know if you need anything else. Thank you all for your time and efforts for this walk.
 Have a wonderful weekend,

Kendall Maggi • Event & Program Assistant • National Kidney Foundation Serving New England
 85 Astor Ave. • Suite 2 • Norwood, MA 02062 • Telephone (781) 278-0222 • Fax (781) 278-0333
kendall.maggi@kidney.org

>>> "Ted Musgrave" <TVM@portlandmaine.gov> 10/15/2010 11:25 AM >>>
 hi kathleen(s) and kendall -

pls REVIEW the attached permit for your walk at Deering Oaks.... and follow back up with city staff for licenses, tent permit, and assistance

thanks..... and best wishes on a great day..!!!

I have cc'ed the FARMERS MARKET contacts on this to let them know that the TENT setup will take place on Saturday afternoon (ONLY after farmers have exited the park).. pls procure your "tent permit" from inspections and PLS make sure your TENT company is up to speed on all this..... thanks

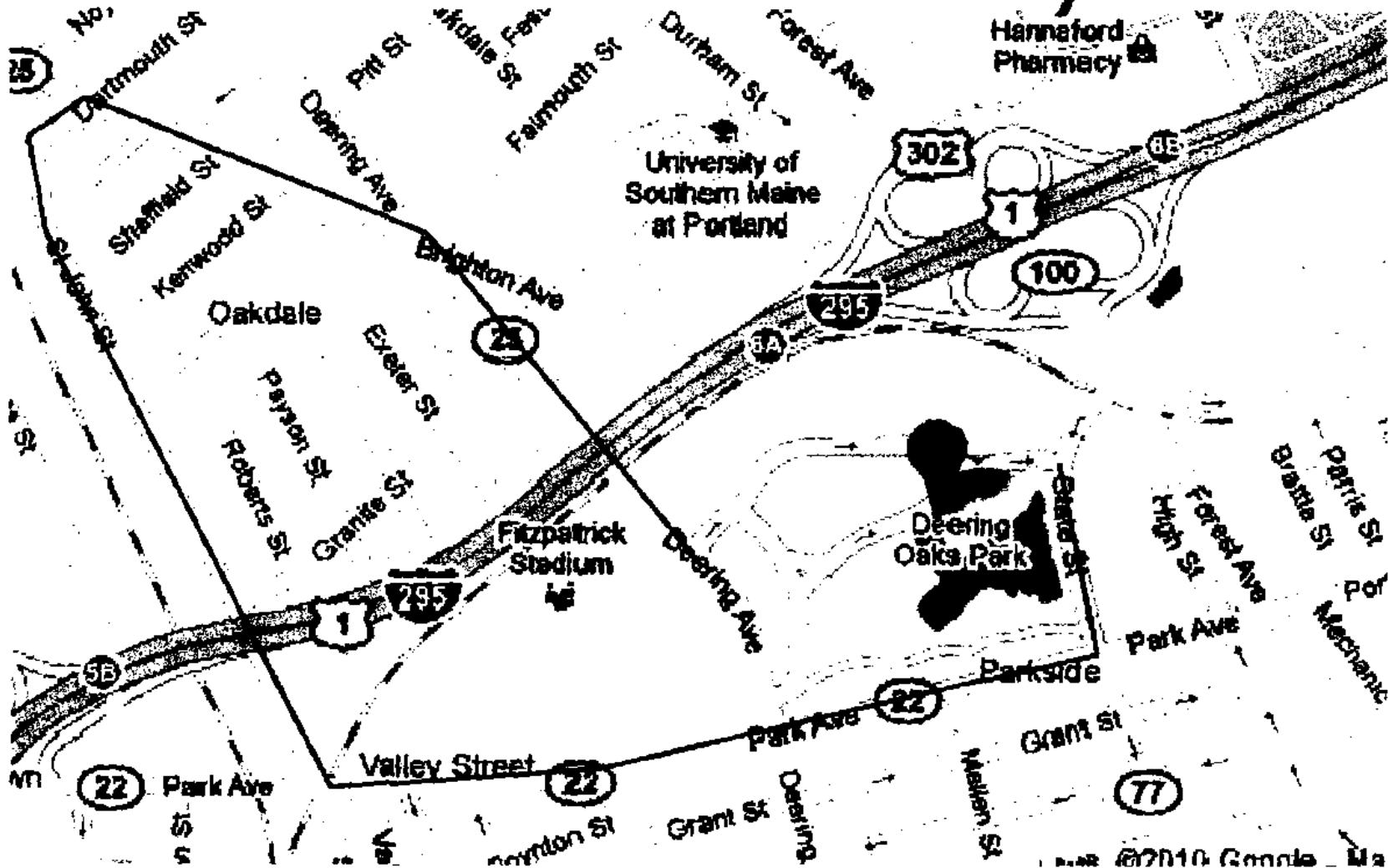


National Kidney Foundation

KIDNEY WALK

2010

Maine Kidney Walk



ACORD CERTIFICATE OF LIABILITY INSURANCE

OP 10 ME
09/30/10

DATE (MM/DD/YYYY)
09/30/10

PRODUCER
 Affinity Services, a Division
 of Affinity Ins. Services, Inc
 1120 20th St NW
 Washington DC 20036
 Phone: 800-432-7465 Fax: 202-857-0143

INSURED
 National Kidney Foundation
 30 East 33rd Street
 New York NY 10016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Great American Insurance Co.	
INSURER B: Great American Insurance Co.	
INSURER C: Lloyd's of London (Underwriters)	
INSURER D:	
INSURER E:	

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSURANCE TYPE	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
GENERAL LIABILITY	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	PAC6364838	07/01/10	07/10/11	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> Host IL				PROPERTY DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
	<input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR				MED EXP (Any one person) \$ 10,000
	ORNL AGGREGATE LIMIT APPLIES PER:				PERSONAL & ADV INJURY \$ 1,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PROJ <input type="checkbox"/> LOC				GENERAL AGGREGATE \$ 2,000,000
					PRODUCTS - COMP/OP AGG \$ 2,000,000
AUTOMOBILE LIABILITY	<input type="checkbox"/> ANY AUTO				COMBINED SINGLE LIMIT (Ba accident) \$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per person) \$
	<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS				PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> NON-OWNED AUTOS				
GARAGE LIABILITY	<input type="checkbox"/> ANY AUTO				AUTO ONLY - BA ACCIDENT \$
					OTHER THAN AUTO ONLY: EA ADD \$
					AGG \$
PRODUCTS/OPERATIONS LIABILITY	<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE	PAC6364838	07/01/10	07/01/11	EACH OCCURRENCE \$ 10,000,000
	<input type="checkbox"/> PRODUCTIBLE				AGGREGATE \$ 10,000,000
	<input checked="" type="checkbox"/> EXTENSION \$ 10,000				\$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				NO STATE / OTHER LIMITS
	If yes, describe under SPECIAL PROVISIONS below				E.L. EACH ACCIDENT \$
	OTHER				E.L. DISEASE - EA EMPLOYEE \$
					E.L. DISEASE - POLICY LIMIT \$
Professional Liab:	PGLARK00452		07/01/10	07/01/11	Claim Lim 1,000,000
					Aggregate 2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 NKF New England Event: Maine Kidney Walk Event Date: October 23-25, 2010.
 the certificate holder is included as an additional insured ATIMA in the insured contract.

CERTIFICATE HOLDER

City of Portland Maine
 Recreation Department
 134 Congress Street Suite 2
 Portland ME 04101

CANCELLATION

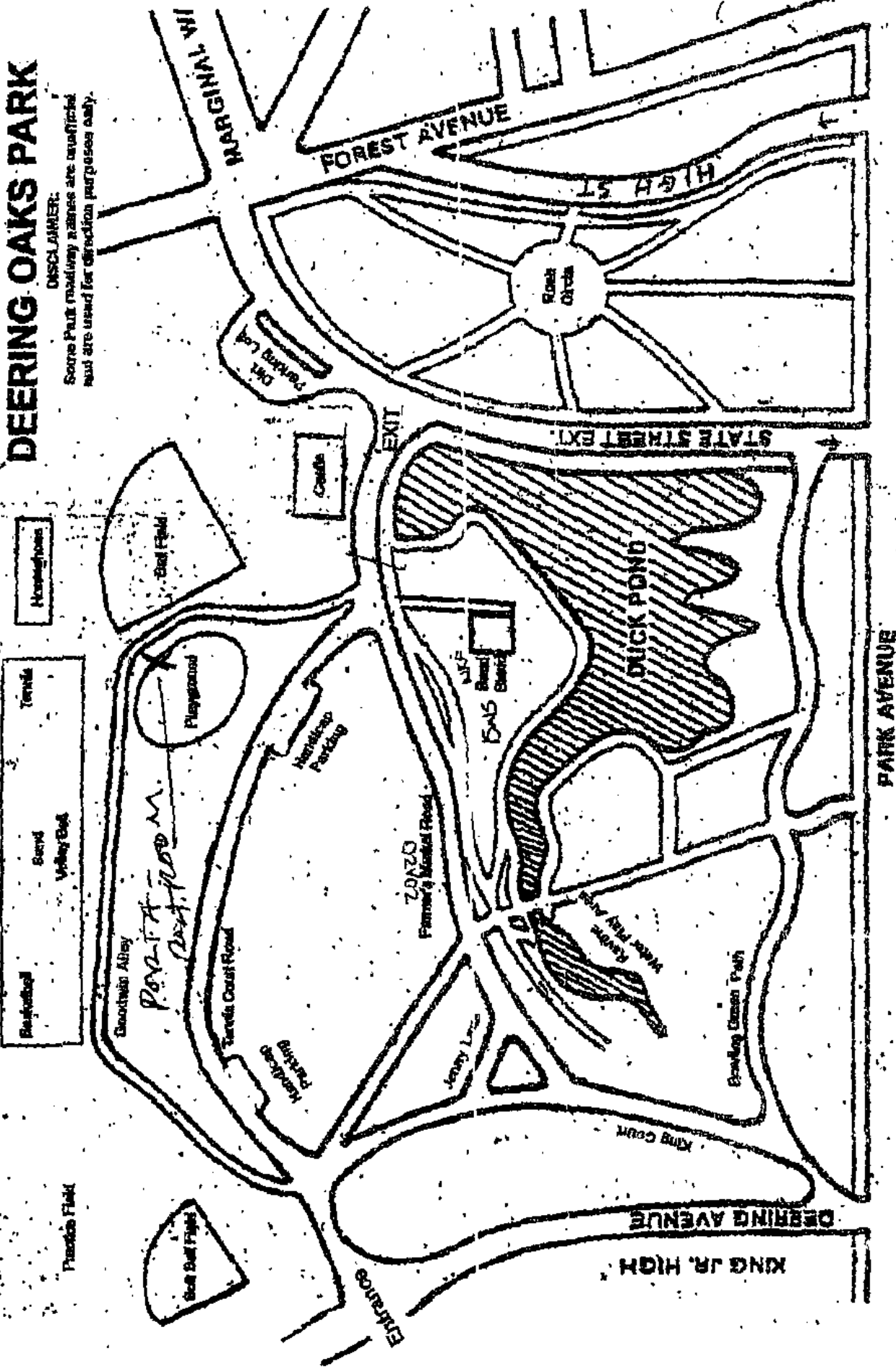
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT SHALL BE UNDER NO OBLIGATION TO DO SO SHALL THE INSURED OR ANY AGENTS OR REPRESENTATIVES.

Sharon Palmer Fine
 AUTHORIZED REPRESENTATIVE
 Sharon Palmer Fine

DEERING OAKS PARK

DISCLAIMER:

Some Park roadway names are unofficial and are used for direction purposes only.



Handball

Basketball
Tennis
Baseball
Volleyball
Softball Field